REQUEST FOR VACCINIA (SMALLPOX) VACCINE

The Centers for Disease Control distributes Vaccinia Vaccine to physicians for immunization of laboratory personnel who are working with orthopox viruses. The vaccine must be administered by or under the supervision of a licensed physician.

To initially receive the vaccine the entire form must be completed and returned along with a copy of the physician's Curriculum Vitae (CV) and medical license to the address listed below. This "Request for Vaccinia Vaccine" form must be completed and returned to CDC for each vial of vaccine required. **Each vaccinee must be reported on this form to the Drug Service prior to vaccination.**

Physician: John (First) Dekutoski (Last) (Middle)

Clinic Name: Va Medical Center Employee Health Clinic

Number and Street: 4150 Clement St (11C3)

City: San Francisco State: CA Postal Code: 94121 Country USA

Telephone:(415) 221-4810 x 2735 FAX:(415) 750-2249

Head of the Laboratory doing research with virus(es):_____

Institute of that individual, if other than above:_____

Number and Street:_____

City:_____State:_____Postal Code:_____

Telephone:( )_____FAX:( )_____

Virus(es) involved:_____

Used in development of/study of:_____

_____

If this virus is part of a Food and Drug Administration (FDA) approved Investigational New Drug (IND) Protocol, what is the IND number_____. (attach copy of protocol if this is your first request)

Name, age, position (e.g. research associate, virologist, etc.) and duties which could cause exposure of this individual to the virus used in this research project: (If more space is needed attach extra sheet)

Name	Age	Position-Duties

PHYSICIAN'S SIGNATURE:_____Date_____

Return To: CDC Drug Service
Centers for Disease Control and Prevention (CDC)
1600 Clifton Rd, Mailstop D-09
Atlanta, GA 30333

TEL: (404)639-3670
FAX: (404)639-3717
E-Mail: Cindy Dougherty CDougherty@cdc.gov
Chris Allen CAllen1@cdc.gov

Revised: 07/03